All talk and no continuity action

In his editorial, Euan Lawson seeks *'political drive to prioritise continuity'*. Continuity of personal care in general practice has been eroded over many years for multiple reasons, whether patient/GP, patient/nurse, or other professional. We now have a situation where many practising GPs have never experienced significant continuity of patient care (even if their patients previously have), haven't experienced its benefits, and feel unable to facilitate it.

Continuity of the clinical record is an inadequate substitute for continuity of personal clinical care, whether for an episode of illness, or over a longer period.

Personal continuity can only occur with a carefully planned, structured, and appropriately used appointment system. The leadership to achieve this must be delivered at the practice level, and, if a partnership, partners are key.

For continuity of personal care not to be lost entirely, our profession needs to take responsibility, not await politically-generated incentives.

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REFERENCE

1. Lawson E. All talk and no continuity action. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X720929.

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Continuity of care

Under the title 'Continuity of Care', the cover of the November issue of the *BJGP* depicts (presumably) a GP taking an older patient's blood pressure. Just the sort of patient who most benefits from seeing the same GP. It is a shame that the GP in the picture is probably a locum. Therein lies one of the problems with today's general practice. An issue not specifically addressed in this themed edition.

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DOI: https://doi.org/10.3399/bjgp22X721313

Editor's response

I thank Dr Needham and Dr Perkins for their letters. I agree that practices need to adopt appointment systems that can allow for continuity of care. There has been intense political pressure to prioritise access and it has certainly been mandated through past policy initiatives. I've no doubt that this is felt keenly by practices and, of course, access is a matter of great concern to patients, particularly when resources are scarce. I have considerable sympathy for any practice and partners trying to balance such competing demands at a time where demand significantly outstrips capacity.

The cover photo of the November issue used a stock photo that we understand shows a consultation in French general practice with an employee of a municipal health centre. Research in the *BJGP* showed, against expectations perhaps, that overall locum use in England has changed little in recent years though there was considerable variability in regions.[1] I would be deeply reluctant to attribute any blame to GP colleagues, whether partners, salaried, or locum, for the current crisis in general practice.

Euan Lawson,

Editor, BJGP.

REFERENCE

1. Grigoroglou C, Walshe K, Kontopantelis E, *et al.* Locum doctor use in English general practice: analysis of routinely collected workforce data 2017–2020. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/BJGP.2021.0311.

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